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CONFIRMATION NO. 4154

Bib Data Sheet

SERIAL NUMBER 09/682,988	FILING OR 371(c) DATE 11/05/2001 RULE	CLASS 705	GROUP ART UNIT 3639	ATTORNEY DOCKET NO. 200-0798 DBK
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** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 18
				INDEPENDENT CLAIMS 3
ADDRESS 022844				
TITLE METHOD AND SYSTEM OF RESTRICTED SUBSTANCE MANAGEMENT AND RECYCLING				
FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	